
HEALTH CARE AGENCY

2003 BUSINESS PLAN

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I. EXECUTIVE SUMMARY

The Health Care Agency (HCA) is a large, dynamic, public agency providing a wide range of services to our community. The HCA has a workforce of close to 2,700 employees, located throughout the County. The Agency partners in a number of ways with our community in providing services; private sector contracts, for example, make up over half of the Agency's budget.

In order to accomplish our mission and goals, we perform a variety of public health, medical, behavioral, and regulatory functions that promote and protect the general public, serve special need populations, assist business and industry, and facilitate the work of other government entities and community-based providers. HCA's core services range from monitoring communicable disease and water quality, to treating those with mental illness or substance abuse problems, to promoting healthy behaviors.

Despite the ongoing fiscal difficulties facing the Agency and the County, we have found that the Agency's vision, mission, values, and goals continue to serve us well in shaping strategies for the efficient and effective delivery of core services to the community.

VISION: Working Together for a Healthier Tomorrow

MISSION: We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- Partnerships
- Community Leadership
- Assessment of Community Needs
- Planning and Policy Development
- Prevention and Education
- Quality Services

VALUES: Partnering with our clients and the community, we value:



Excellence in all we do
Integrity in how we do it
Service with respect and dignity

The Agency's Vision and Mission provided the framework for the development of four Agency goals, and two internal Business Strategies.

GOALS

1. Prevent disease and disability, and promote healthy lifestyles.
2. Assure access to quality health care services.
3. Promote and ensure a healthful environment.
4. Recommend and implement health policy and services based upon assessment of community health needs.

BUSINESS STRATEGIES

5. Encourage excellence by ensuring a healthy work environment that values employees.
6. Support the workforce through the effective use of technological and other resources.

KEY OUTCOME INDICATORS

Although the Agency uses a multitude of measures to assess our performance, six indicators have been selected that cross over several goals and directly reflect our mission. These key outcome indicators include healthcare access for children, chronic disease, injury, communicable disease, and water quality; and, new this year, a composite measure has been developed for mental/behavioral health.

OPERATIONAL PLAN

This section describes our clients and our resources, discusses challenges and methods for overcoming barriers, and identifies the specific strategies that will be undertaken during 2003 to further the Agency's vision, mission and goals.

CLIENTS

While providing direct services to individual clients or patients, the Health Care Agency's primary focus is to protect and promote the health and safety of the community as a whole. Therefore, our ultimate client is the entire County population as well as the millions who visit Orange County for business or pleasure each year.

RESOURCES

Our largest single funding source, Realignment, which is comprised of Sales Taxes and Vehicle License Fees, is directly impacted by the State's economy. The State's fiscal crisis has had impacts on the Agency, though less than anticipated early in the State's budget deliberations. The potential remains for problems to re-emerge in 2003, perhaps as a result of mid-fiscal year reassessments, but certainly with the beginning of deliberations for FY 2003-04. Efforts required to "rebalance" local funds and reserves will also mean continued fiscal constraints for the Agency.

CHALLENGES

We believe that we have crafted strategies for 2003 that recognize current and projected fiscal constraints; however, there are other ongoing and potential challenges that may inhibit progress. These challenges can be divided into three categories: financial, regulatory, and workforce. This section describes these challenges, and identifies how the Agency is working to overcome these barriers.

STRATEGIES TO ACCOMPLISH AGENCY GOALS

The Health Care Agency's 2003 Business Plan contains 16 strategies that will be addressed during the year. The criteria for identifying these selected strategies included consistency with County and Agency strategic goals, anticipated new funding or service mandates, and a realistic assessment of available resources.

2002 ACCOMPLISHMENTS

During 2002, all of our Business Plan objectives were accomplished in whole or in part and significant progress was made on our key outcome indicators. Major accomplishments include:

- 1. Preventing Disease and Disability, and Promote Healthy Lifestyles:** Designed a rapid communication system for Orange County physicians for notification of outbreaks and other medical alerts. Made significant progress toward implementation of a countywide immunization registry in collaboration with CalOptima. Fully implemented and co-located all older adult services, including the Tobacco Settlement Revenue (TSR) funded Senior Health Outreach and Prevention Program.
- 2. Assuring Access to Quality Healthcare Services:** Provided leadership in a major community-wide effort establishing a strategic plan to increase the number of children with health insurance and a medical home. Implemented significant changes to the Medical Services to Indigents program to respond to access issues and enhance care management.
- 3. Promoting and Ensuring a Healthful Environment:** Completed a comprehensive HCA Biological and Chemical Terrorism Response and Disaster Plan. Achieved significantly upgraded ("Level B") status for the Public Health Laboratory as part of the National Bioterrorism Response Network. Contributed to notable improvement in ocean water quality through monitoring program.
- 4. Recommending and Implementing Health Policy and Services Based upon Assessment of Community Health Needs:** Coordinated planning and implementation of Tobacco Settlement Revenue projects, including outcome monitoring for each. Collaborated in conducting and publishing results of the second triennial countywide Health Needs Assessment, assisted the Children's Services Coordinating Committee in the development of the *Eighth Annual Report on the Conditions of Children*, and collaborated with the Office on Aging in developing the initial *Conditions of Older Adults* report.

5. **Creating a Working Environment that Encourages Excellence:** In partnership with the Social Services Agency, California State University, Fullerton and Cypress College, created new opportunities for educational advancement of staff in the fields of human services and counseling. Supported the Labor Management Committee (LMC) in recruiting and retaining members from a broad representation of HCA programs, positions and backgrounds. Encouraged participation of supervisors and managers in the Leadership Excellence and Development (LEAD) program.
6. **Supporting the Workforce through the Effective Use of Technological and Other Resources:** Made significant progress in implementing the Agency-wide management information system. Provided federally mandated Health Insurance Portability and Accountability Act (HIPAA) training and education to all new and existing staff as an extension of the Agency's compliance program.

II. MISSION AND GOALS

The Health Care Agency completed a strategic planning process in 2001 that led to a new vision, mission, and goals, as well as a statement of core values, strategic directions and key outcomes for the next five years. These statements serve as the Agency's foundation for setting priorities and making decisions.

The 2003 Business Plan for the Health Care Agency will bridge two very challenging fiscal years. Yet in spite of the difficult financial environment facing the Agency and the County, we are finding that the Agency's vision, mission, values, and goals continue to serve us well in shaping strategies for the efficient and effective delivery of core services to the community.

Vision

Our Vision:

Working Together for a Healthier Tomorrow

Mission

Mission describes the purpose of the Agency.
We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- **Partnerships**
- **Community Leadership**
- **Assessment of Community Needs**
- **Planning and Policy Development**
- **Prevention and Education**
- **Quality Services**

Values

Values statement describes our core priorities.
Partnering with our clients and the community, we value:



Excellence in all we do
Integrity in how we do it
Service with respect and dignity

HCA's goals describe how we will achieve our vision and mission – a value created or a desired improvement in a condition that is of direct importance to our clients and the public. Employees' individual performance objectives also are tied to the Agency's goals and strategic directions.

Goals

- **Prevent disease and disability, and promote healthy lifestyles.**
- **Assure access to quality health care services.**
- **Promote and ensure a healthful environment.**
- **Recommend and implement health policy and services based upon assessment of community health needs.**

Business Strategies

HCA has also identified internal business strategies focused on our greatest asset, our employees.

- **Encourage excellence by ensuring a healthy work environment that values employees.**
- **Support the workforce through the effective use of technological and other resources.**

HCA Services and Community Benefits

HCA protects and promotes optimal individual, family and community health through coordination of public and private sector resources. HCA's service environment is complex, with 180 different funding sources and over 200 State and Federal mandates. The mandates under which HCA operates require the County to provide for or regulate certain health services. Most also carry specific requirements for staffing, operations, claiming and record-keeping.

Many of HCA's services are preventive in nature and therefore are less noticeable to the public. Some examples of services include food protection, hazardous waste regulation, protection from animal related diseases, pollution prevention, water quality monitoring, mental health services, alcohol and drug abuse services, preventive health services for aging individuals, healthcare for incarcerated individuals, communicable disease control, child health and disability program, immunizations, public health field nursing and public health clinics.

HCA is composed of the following service areas:

Public Health Services - Monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public.

Behavioral Health Services - Provides a culturally competent and client-centered system of behavioral health services for all eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse.

Medical and Institutional Health Services - Coordinates emergency medical care, provides medical and behavioral health care to adults and children in institutional settings, and contracts essential medical services for patients for whom the County is responsible.

Regulatory Health Services – Ensures food safety, water quality and protects the public’s health and safety from harmful conditions in the environment, from animal-related injury, and from disease and nuisance hazards through the enforcement of health and safety standards.

Financial and Administrative Services – Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs.

An Agency organizational chart can be found in Appendix A. A list of HCA’s Executive Team can be found in Appendix B.

HCA’s Mission In Action

As part of the Business Plan process, the HCA Labor Management Committee (LMC) surveyed HCA employees for examples of how the Agency has accomplished its mission in the community. The LMC Project Development Committee selected the following examples from the many wonderful success stories submitted.

Partnerships

The Marine Studies Center at Shellmaker Island is a project to improve water quality in Upper Newport Bay and Newport Harbor San Diego Creek Watershed, and beach contamination. The Marine Studies Center is a cooperative project involving the City of Newport Beach, Department of Fish and Game, the California Coastal Commission, Orange Coast College, Newport Bay Naturalists and Friends, the University of California at Irvine, and the County of Orange.

Community Leadership

Thanks to an outstanding collaboration between Correctional Mental Health, the Orange County Sheriff’s Department and Correctional Medical Services, the Orange County Jail continues to be the nation’s leader among large “mega” jails in preventing in-custody suicides. In an article in the Summer 1998 edition of *Jail Suicide/Mental Health Update*, the Orange County Jail program was described as a “Model Suicide Prevention Program”.

**“...the Orange County
Sheriff’s Department and
Health Care Agency
certainly exemplify the best
in suicide prevention
programming...”**

Jail Suicide/Mental Health Update
(Summer 1998 Edition)

Assessment of Community Needs

In 2002, the Health Care Agency teamed up with the Office on Aging, Social Services Agency, OC Housing and Community Development, CalOptima, and others to assemble data and publish the first ever, "Condition of Older Adults" report. This report presented information on a variety of key indicators concerning older adults and will be useful in developing, coordinating, and improving services for Orange County's mature adult residents. For example, studies of the transportation needs of older adults summarized in the Report have already resulted in funding for new pilot programs to meet non-emergency medical transportation needs.

Planning and Policy Development

The Children's Healthcare Access Initiative (CHAI) partnered with SSA, the Orange County Department of Education, CalOptima, Children's Hospital of Orange County, and many community based organizations to develop a Strategic Directions document for Orange County's 69,000 uninsured children.

Prevention and Education

The Substance Abuse Resource Team (START) is a collaborative program between Behavioral Health and Public Health, which is designed to help older adults who are misusing alcohol or medications. The program assists older adults and their families in dealing with the complex problem of substance abuse; provides educational programs to community groups; and educates health care professionals about substance abuse in an aging population. Last year the American Society on Aging identified START as a Model Treatment Program for prevention and intervention in the hidden epidemic of older adult substance abuse.

**“Help’s on way for seniors
who need a ride**

**...thousands of seniors may
be able to get rides to
medical appointments
though an innovative
countywide program using
volunteer drivers paid with
tobacco settlement revenue.”**

*Orange County Register
(10/08/02)*

KEY OUTCOME INDICATORS

The Health Care Agency utilizes a variety of different indicators of performance to meet the mandates of its funding sources and regulatory agencies, and to ensure compliance with established administrative and clinical best practices. The annual Business Plan is one means by which we can summarize our progress in reaching our goals. A summary of how well the Agency did in accomplishing its 2002 goals is presented in Appendix C.

***100 % of Business Plan
2002 strategies were
accomplished in whole or
in part***

During 2001, as part of the Agency-wide strategic planning process, a framework for performance measurement was initiated. Although HCA will continue to use a multitude of indicators to assess our performance over the next five years, six indicators have been selected that cross over several goals and directly address our mission. These key outcome indicators include indicators for healthcare access for children, chronic disease, communicable disease, water quality, and injury indices. In addition, this year a new key outcome indicator has been developed for behavioral health. The indicator is a composite measure derived from instruments that measure the clinical status and satisfaction of clients for both adults and children who receive HCA Behavioral Health services.

It is important to note that the key outcome indicators selected are reflective of the entire health system, and not just of HCA's performance. The following pages describe each indicator, its importance, and how we are doing. The particular goal or goals to which each key outcome indicator is related is noted in the description.

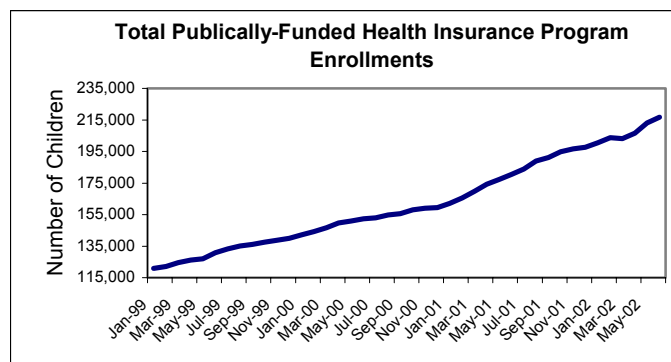
Health Care Access for Children

What is the indicator? The number of children in Orange County with health insurance, as indicated by results of 2002 OC Health Needs Assessment (OCHNA), and the number of eligible Orange County children and youth enrolled in health insurance programs including Medi-Cal, Healthy Families, California Kids, Access for Infants and Mothers (AIM), and Kaiser Permanente Cares for Kids health insurance programs. These measures relate to HCA Goals 1, 2, and 4.

Why is it important? Access to health care is a priority. These programs provide health care insurance coverage for children and youth in low-income families. Individuals who are insured are more likely to receive preventive services and health care when needed resulting in improved health outcomes. Monitoring the number of eligible children and those enrolled in these programs enables us to plan outreach and utilization strategies.

How are we doing? *Progress has been made.* In the Agency's 1999 Business Plan, the goal of a 75% reduction over three years in the number of uninsured children was set. This goal has proven to be overly ambitious; however, significant progress has been made: Results of the 2002 OCHNA community survey found a 23% reduction in the number of uninsured children over this time period. Additionally, the percentage of children without health insurance has declined from 12.7% in 1998 to 8.6% in 2001 (see table below). Despite a 10% increase in the total population of children, this represents more than 20,000 fewer children without coverage, leaving an estimated 69,000 children without insurance.

OCHNA Survey Results	1998	2001
Percent of OC children with health insurance	87.3%	91.4%
Number of OC children with health insurance	704,566	799,790



The number of children enrolled in insurance programs such as Medi-Cal, Healthy Families, California Kids, Access for Infants & Mothers (AIM), and Kaiser Permanente Cares for Kids continues to expand. Since January 1999, the total number of children enrolled in these programs nearly doubled, from 120,858 to over 216,000 as of June 2002.

Chronic Disease

What is the indicator? National Healthy People 2010 (HP2010) target objectives for deaths due to the three leading causes of death in Orange County – specifically cancer, heart disease, and cerebrovascular disease (stroke). This indicator relates to HCA Goals 1, 2, and 4.

Why is it important? Heart disease, cancer, and stroke are the three leading causes of death of Orange County residents, accounting for more than 63% of all deaths in 2000, and over \$1.45 billion annually in hospital charges. It has been estimated that effective preventive measures could reduce early deaths due to such causes by 70%.

Hospitalization Rates and Charges

Orange County, 2000

Disease	Number of Hospitalizations	Hospitalization Rate per 100,000	Total Charges*
All Cancers	11,430	401.6	\$ 396,305,159
Heart Disease	30,673	1,077.6	\$ 870,476,838
Cerebrovascular Disease	8,166	286.9	\$ 186,004,655
Total	50,269		\$ 1,452,786,652

Some hospitals are not required to report charges, hence not all charges are included.

Source: Office of Statewide Health Planning and Development

How are we doing? *Rates have improved.* The table below identifies 1999 and 2000 age-adjusted death rates for Orange County and California (2000 only), as well as the 2010 goals established through the Healthy People 2010 (HP2010) initiative coordinated by the U.S. Department of Health and Human Services (shaded area in table below).

The mortality rates for cancer, heart disease and cerebrovascular disease have declined impressively between 1999 and 2000, and are now lower than rates for California. Nevertheless, over the next eight years continued preventive efforts will be necessary to accomplish the HP2010 objectives for these diseases.

Health Status Indicator	Orange Co. Age-Adjusted Death Rate		Statewide Age-Adjusted Death Rate (2000)	National HP2010 Objective
	1999	2000		
All Cancers	180.9	170.3	175.3	159.9
Heart Disease	260.4	229.1	231.1	166.0
Cerebrovascular Disease	66.4	59.4	61.2	48.0

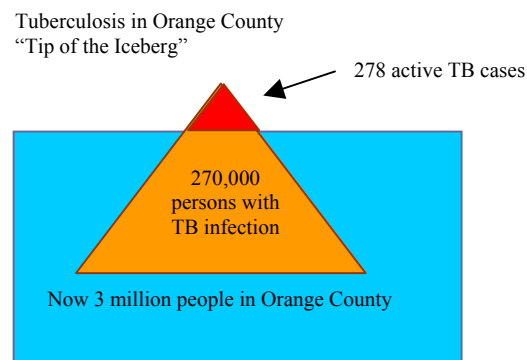
Source: State of California, Department of Health Services, Death Records.

State of California, Department of Finance, 1999-2000 Population: 1997-2040 Population Projections, Dec. 1998

Communicable Disease

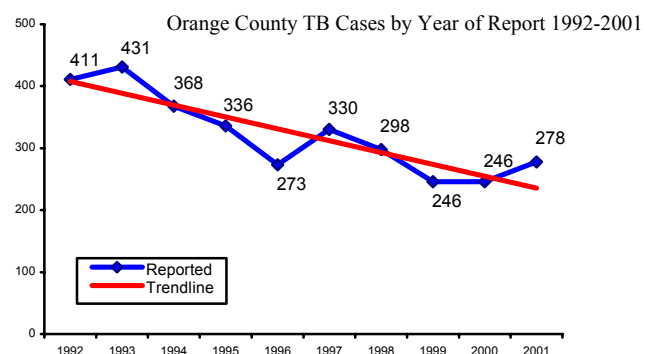
What is the indicator? The Healthy People 2010 objective for tuberculosis (TB), as measured by the annual incidence of new TB cases and successful completion of treatment for both active and latent TB infection. These indicators relate to Goals 1, 2, 3, and 4.

Why is it important? Tuberculosis, though treatable, is a serious public health concern. Without treatment, as many as one in ten of those who are currently infected will eventually develop active tuberculosis, a condition which may infect others. Drug-resistant tuberculosis is a major problem in many parts of the world and has emerged in the U.S. as well. Failure to complete drug therapy programs is one of the primary causes of increased drug-resistant TB.



An important strategy in efforts to eliminate tuberculosis is the treatment of latent infection, which substantially reduces the risk of developing active tuberculosis. Persons who are infected with tuberculosis have roughly a 10% chance of developing active tuberculosis disease during their lives. The TB program currently treats approximately 6,000 per year of the estimated 270,000 Orange County residents with latent TB. Thus, an estimated 600 future cases of active TB are prevented annually through this approach.

How are we doing? *The rate of new cases continues a downward trend.* Orange County reported 278 cases of tuberculosis in 2001. This was an increase of 13% over the 246 cases reported in both 1999 and 2000. However, case reports declined 7% since 1998 when 298 cases were reported and there has been an overall trend of declining cases over the past



10 years, as can be seen in the graph above. Orange County TB cases peaked in 1993 with 431 cases reported. Orange County's 2001 TB case rate of 9.5 per 100,000 population is higher than the U.S. 2001 rate of 5.6 and lower than the California rate of 9.7. Both the California and Orange County 2001 rates remain significantly higher than the Healthy People 2010 objective of 1.0 case per 100,000.

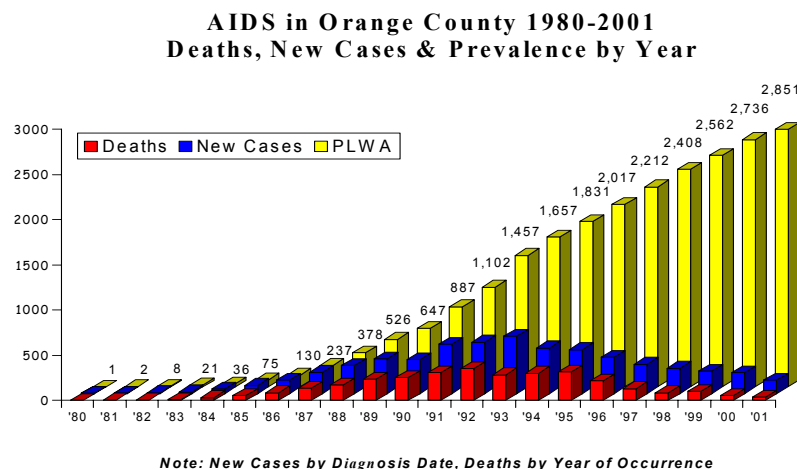
Investigation of all active cases of tuberculosis in order to prevent transmission of disease is a high priority of the TB Control Program. More than 1,200 individuals were identified as contacts to the 278 persons diagnosed and treated for TB in 2001. Of those contacts identified with latent TB infection (LTBI) and recommended for treatment, 75% were started on treatment. The treatment completion rate for contacts started on treatment in calendar year 2000 was 63%.

Communicable Disease

What is the indicator? The incidence of Acquired Immunodeficiency Syndrome (AIDS), and successful management of the disease using anti-retroviral treatment for HIV infection (the virus that causes AIDS), as measured by: (a) annual rate of AIDS cases in Orange County, (b) persons living with AIDS (PLWA), and (c) the annual death rate due to AIDS. These indicators relate to Goals 1, 2, 3, and 4.

Why is it important? HIV/AIDS is a serious public health concern in Orange County and throughout the world. Unsafe sexual practices and the sharing of needles by injection-drug users continue to be the primary modes of transmission of HIV in Orange County. Improved treatment regimens have significantly slowed the progression of the disease from initial infection to onset of AIDS, and have dramatically increased the life expectancy (and productive life) of persons living with AIDS (see chart, below). Treatment and other service requirements continue to evolve in response to these dynamic changes in the population in need.

How are we doing? *The rate of new cases of AIDS continues to decline, as do the number of deaths. The number of persons living with AIDS continues to increase. As of December 2001, a total of 5,970 Orange County resident AIDS cases had been reported to the CDC. In 2001, 249 cases were reported, a decline of 22% from the 318 cases reported in 2000.*



The year 2000 case rate was 11.3 per 100,000. The California and U.S. rates for the same year were 14.0 and 15.0, respectively. These rates remain significantly above the Healthy People 2010 objective of 1.0 per 100,000. As of December 2001, an estimated 2,851 Orange County residents were living with AIDS, more than two and one-half times the number living in 1992 (1,102). The number of persons living with AIDS increased 4.2% between 2000 and 2001.

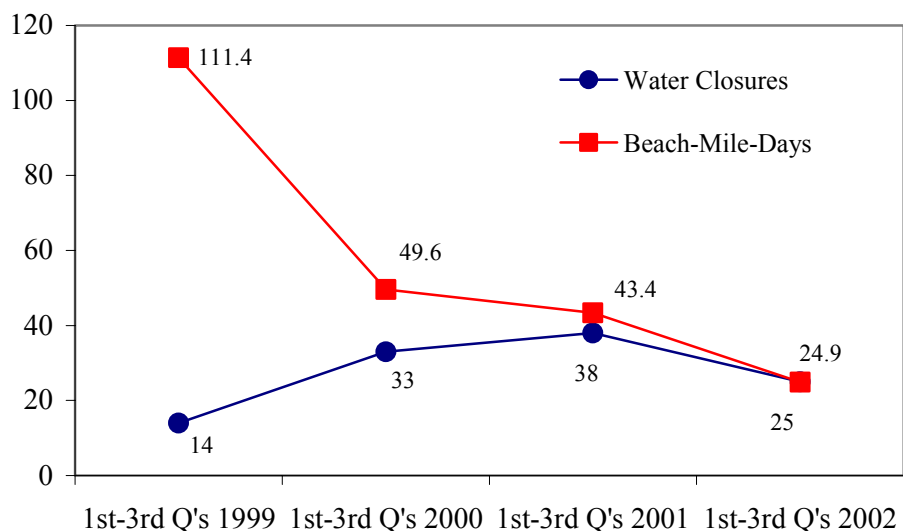
As of July 1, 2002, HIV infection is now a reportable condition in California, using a non-name code. As with AIDS case reporting, health care providers and laboratories are required to report individuals with HIV infection to the health department within seven calendar days. It is expected that HIV reporting will provide better epidemiological data for persons at all stages of the disease, define the incidence rate and trends for HIV, and demonstrate the impact that the epidemic has on the health care system.

Ocean Water Quality

What is the indicator? The number of beach-mile-days of closure. This measure relates to HCA Goals 1, 3, and 4.

Why is it important? Improved ocean water quality is a strategic initiative for the County of Orange. The overall goal is to reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water quality. HCA's Ocean Water Protection Program posts warnings at shorelines and bayfronts when bacterial levels exceed health standards, and closes ocean or bay waters when an immediate health hazard is identified. In addition to tracking total numbers of closures, the program uses a relatively new measure, closures in beach-mile-days, in order to provide a more meaningful comparison of ocean water availability to the public from year to year. This measure takes into account the length of oceanfront closed, and therefore provides a more refined indicator of the severity of each closure. Ongoing water quality efforts include projects to identify the sources of bacteria and refine laboratory-testing procedures to provide earlier notice of potential health hazards.

How are we doing? *A continued, significant reduction.* Data are only available for the first three quarters of the most recent year (2002), therefore only the first three quarters of prior years are shown. The total number of closures has decreased by 35% between 2001 and 2002. More importantly, the magnitude of beach-mile-day closures in 2002 continued to show a decline, down 43% from a year ago and down nearly 80% from the peak observed in 1999. This trend represents a significant reduction in the overall impact of the closures.



**“Report card
finds improved
water quality at
O.C. beaches
...ocean water
quality along the
county’s coast has
improved
dramatically over
the last year.”**

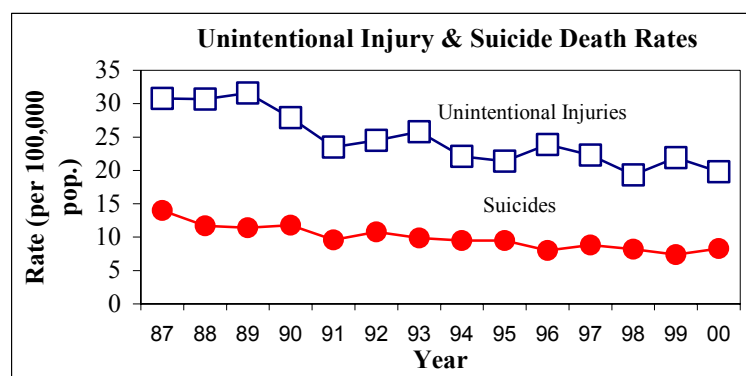
*Orange County
Register
(10/24/02)*

Violence and Unintentional Injury

What is the indicator? Healthy People 2010 (HP2010) target objectives for deaths due to unintentional injuries, suicide, and homicide indexes. These indicators relate to Goals 1, 2, 3 and 4.

Why is it important? Unintentional injuries (e.g., motor vehicle crashes, firearms, falls, drowning, suffocation, and fire) are the leading cause of death for OC residents 1 to 34 years of age. Motor vehicle crashes are the most common cause of serious injury and death. While the rate is relatively low depending on the age group, suicide is the third or fourth leading cause of death among persons 15 to 54 years of age in OC. Homicide is the most reliable indicator of all violent crime and has tremendous impact on persons and the community.

How are we doing? *Ongoing, significant reduction.* The rate of preventable losses due to unintentional injuries has declined over the past decade and OC is near the HP2010 objective. OC has already surpassed the HP2010 target objective for motor vehicle accident deaths (7.5 vs. 9.2). Similarly, the rate of suicide deaths has systematically declined over the past decade and OC is below rates for both the state, nation, and approaching the HP2010 target.



Note: 1999 and 2000 crude rates were calculated using ICD-10 coding and are not 100% compatible with previous years.

In 1999/2000, the U.S. murder rate was the lowest in three decades. Nevertheless, homicide is among the top five causes of death for 15 to 54 year old OC residents. Moreover, homicide (in addition to accidental deaths) is the leading cause of death for 15 to 19 year olds. The overall homicide rate for OC is below state and national levels and remains below the HP2010 objective of 3 per 100,000 age-adjusted population.

Cause of Death Indicator	Orange County Age-Adjusted Death Rate		Statewide Age-Adjusted Death Rate (2000)	National HP2010 Objective
	1999	2000		
Unintentional injuries	21.9	19.8	25.4	17.5
Suicide	7.4	8.3	9.0	5.0
Homicide	3.4	2.1	6.0	3.0

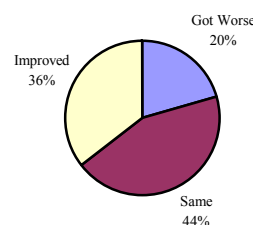
Behavioral/Mental Health Clinical Status and Client Satisfaction

What is the indicator? Clinical status and client satisfaction measures for both children and adults who receive HCA Behavioral Health Services. The four measures are improvement over time in (a) clinical functioning, and (b) the level of client satisfaction reported. These indicators relate to HCA Goals 1, 2, and 4.

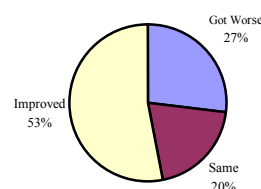
Why is it important? HCA Behavioral Health Services treat all ages of OC residents, many of whom suffer from serious and debilitating mental illnesses such as Major Depression, Bipolar Disorder, Schizophrenia, and other mental health disorders. Thus, it is imperative that these populations of clients receive timely and appropriate treatment.

How are we doing? *Client clinical status scores have generally improved.* Clients who were evaluated at least twice since January 2000 were examined. The clinical status and functional level of the majority of adults showed either improvement (36%) or remained stable (44%) in their psychosocial functioning following behavioral health treatment. Similarly, the majority of children receiving services improved (53%) or remained stable (20%), as indicated by a decrease in observed or reported psychological problems. Note that it is not unexpected for some chronically and persistently mentally ill individuals to actually get worse as they begin to deal with issues and problems (20-27% in accompanying charts). Some clients experience a temporary decline on the path to recovery, and may have gotten even worse if they had not received mental health services.

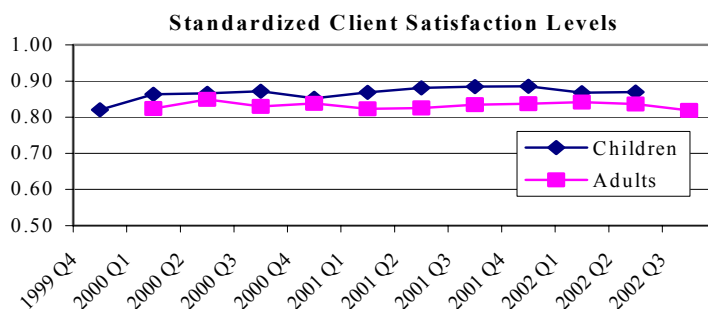
Adult Clinical Status



Child Clinical Status



Client satisfaction levels have consistently remained high. Adult client responses to positive statements about clinic services, considering aspects such as how they were treated by staff, satisfaction with clinic accessibility, and treatment efficacy, have shown average ratings between “Agree” and “Strongly Agree.” The overall average for this period in the scores for children’s services, measuring similar dimensions, fell midway between “good” and “excellent” (see chart below).



III. OPERATIONAL PLAN

CLIENT PROFILE

HCA's broad range of programs impacts the entire County population, as well as the many tourists and business travelers who visit Orange County each year. While providing direct services to individual clients or patients in need, the Agency's primary focus is to protect and promote the health and safety of the community as a whole.

HCA's clients can be broadly divided into three major groups: services for the community, at-risk individuals, and individuals needing intervention or treatment.

SERVICES FOR THE COMMUNITY

Agency programs such as ocean recreational water protection, food sanitation, hazardous waste management and animal care services focus directly on the prevention of threats to health in the physical environment through monitoring and inspection, licensing, and statutory regulation. Communicable disease programs focus on intervention in the transmission of tuberculosis and sexually transmitted diseases, including HIV. The Agency also monitors acute communicable disease trends and investigates and intervenes in outbreaks and other unusual occurrences.

The Agency's emphasis on advocating safe and healthy lifestyles and practices has increased with the formation of the Health Promotion Division. While located in Public Health Services, the Health Promotion Division serves the entire Agency, assisting with prevention, disease management and health education efforts. This Division includes the Alcohol and Drug Education and Prevention Team (ADEPT) and the Tobacco Use Prevention Program (TUPP), focusing on substance use and abuse as major risk factors for many health problems. Health Promotion programs also collaborate with a variety of public and private organizations and community agencies to prevent injury, chronic disease, and communicable disease and promote personal and family health.

PREVENTIVE SERVICES FOR AT-RISK INDIVIDUALS

Behavioral Health Services programs focus on prevention in the areas of substance abuse and mental health services for adults and children. These efforts are often in partnership with community organizations and contract providers, and are provided in response to legislative mandates.

Initiatives to increase access to healthcare services for children and families will make possible health screenings and early identification of potential health risks for many more Orange County residents. Several Agency programs currently provide services designed to identify and protect individuals who are at risk of developing health problems, both acute and chronic.

These services include in-home and senior center assessments by public health nurses and behavioral health professionals, neighborhood well-child and maternal health clinics, immunizations, nutrition counseling, and food vouchers. In addition, a major goal of the county's Older Adults initiative will be to prevent and reduce the debilitating complications of chronic diseases.

INTERVENTION/TREATMENT SERVICES FOR INDIVIDUALS

HCA programs also provide services designed to prevent individuals from progressing to more serious health problems. Behavioral Health serves children, adolescents, adults, and older adults with serious mental, emotional disturbances and/or substance abuse problems. Behavioral Health operates under its statutory authority to detain and evaluate individuals and provide crisis stabilization to persons with mental disorders. Prevention services are provided to those who may pose a threat to themselves or to others in the community.

The Preventive Health Care for the Aging Program (PHCA) provides Public Health Nursing assessment, education, chronic disease case management, referral, and follow-up to Orange County's older adults at accessible senior/community centers throughout the county. The goals of the program are to promote healthy lifestyles, to increase access to health care, and to improve the quality of life of Orange County's over-55 populations.

Medical Services for Indigents provides for the care of eligible medically indigent adults who have no other source of medical care. There also are clinical and support services for persons with HIV or AIDS, and other communicable diseases; medical and other therapeutic services for disabled children coordinated through California Children Services; and emergency dental services for low-income persons.

INSTITUTIONAL SETTINGS

The Health Care Agency is responsible for medical, dental, pharmaceutical and behavioral health services to adults and minors in the County's adult correctional facilities, juvenile institutions, and Orangewood Children's Home. In fulfilling these responsibilities, the Health Care Agency supports the Sheriff-Coroner, the Probation Department, and the Social Services Agency.

HCA continues to plan for the future in light of our changing population. For example, as the number of senior citizens grows, the number of County residents with chronic diseases that contribute to death and disability will likely increase as well. As the size of the teenage population grows, the number of County residents prone to life style-related causes of chronic disease (e.g., alcohol, tobacco, poor diet and insufficient exercise) will also grow. At-risk individuals requiring prevention services, such as low-income families, the elderly and children, are likely to increase. Individuals requiring medical and/or behavioral health intervention and treatment services will inevitably increase.

Additional information regarding caseload data and population trends is located in Appendix D.

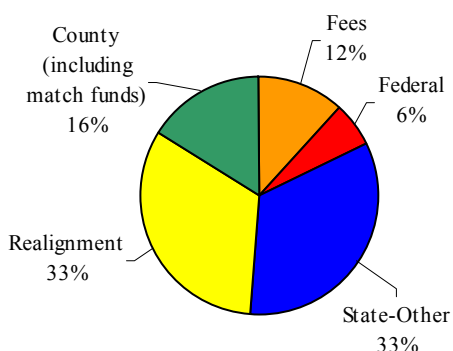
RESOURCES

The HCA adopted budget for Fiscal Year 2002-03 includes \$457 million in net expenditures, with 2,678 positions; revenues include 180 different funding sources. HCA currently operates under 200 state and federal mandates. State and federal funding allocations and locally-generated fees comprise 84% of Agency revenue; County general funding comprises the remaining 16%. Private sector service contracts make up over one-half of the Agency budget.

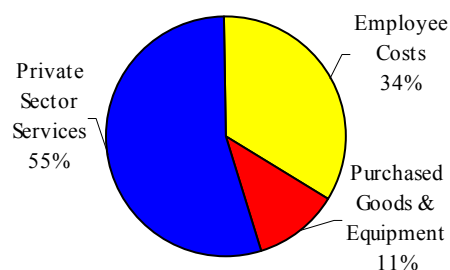
HCA's largest single revenue source is State Realignment Funds, which account for 33% of Agency revenue. Realignment was established in 1991 by the State legislature as an independent funding source for County health, mental health, and social services programs. Funds are derived from statewide sales taxes and vehicle license fees, and are apportioned by formula to counties.

Other major sources of Agency revenue include: Medi-Cal, Substance Abuse Block Grant, California Children Services, Proposition 99 (Tobacco Taxes), Tobacco Settlement, Proposition 36 (Drug Treatment), and fees for services.

2002/2003 Budgeted Revenue



2002/2003 Budgeted Expenditures



In light of current and pending fiscal constraints, the County and the Agency have instituted a number of measures for the careful monitoring of both revenues and resources. For example, every vacancy occurring in the Agency is carefully scrutinized to ensure that the revenue source providing its funding is stable, and that only critical functions are considered for backfill. Further responses to expected challenges are discussed in the following section.

CHALLENGES

The environment in which the Health Care Agency operates continues to be quite dynamic. The major challenge anticipated in 2003 is financial – specifically, the challenge of continuing to provide essential services with declining resources. Other challenges, however, also remain. A summary of major challenges for 2003 include:

FINANCIAL

- The State's ongoing fiscal crisis, beginning with the recognition of a massive \$24 billion deficit at the end of FY 01-02 and resulting in the latest adoption of a State budget in history, will continue to present major budgetary challenges for the Agency and the County. Despite the drastic implications of some proposals early in the budget process, the ultimate impact on HCA of the State budget, as finally adopted, was less than anticipated. However, the general consensus of those who closely observe the process is that the nature and magnitude of remaining State financial problems will undoubtedly result in further "adjustments," perhaps in the middle of the current fiscal year and certainly for the next.
- At the local level HCA, along with all County agencies and departments, was faced with significant increases in the basic "cost of doing business" – unavoidable increases in salaries and retirement contributions – in building the current-year budget. For HCA these two factors resulted in an increase of \$27.5 million in the FY 02-03 budget, which accounted for nearly all (97%) of the total increase in budgeted expenditures.
- A continuing concern for the Agency relates to Realignment funding, which is HCA's largest single revenue source. Realignment funding is made up of two components – sales taxes and vehicle license fees – which tend to increase and decrease with up and down-turns of the State's economy. While Realignment funds have increased slightly in the current budget year, they have not kept pace with program costs, and this discrepancy will likely remain unless and until the economy is in full recovery.
- To implement Proposition 36, which provides for treatment services for non-violent drug abusers, Orange County has been and will continue to receive approximately \$7.9 million annually, through 2005-06, for treatment, probation, court monitoring, vocational training, and other miscellaneous costs. The number of eligible Orange County participants, the severity of addiction, and the extent of their criminal history have all consistently exceeded initial expectations; consequently annual funding is falling short of requirements. The County is using previously reserved funds that will allow the provision of appropriate, quality services through FY 2002-03. However, based on current projections, over \$3 million will be needed in addition to the expected State and Federal funding to maintain current service levels in FY 2003-04.

WORKFORCE

- The job market has seen a growth in unemployment in recent years, which should increase opportunities to recruit and retain employees. However, it can still be difficult to hire qualified staff, especially for jobs that require specific certification or expertise. Examples include nurses, of which there is a nationwide shortage; physician specialists; and various behavioral health specialists. As one recruiting mechanism, HCA promotes participation in the Management Performance Plan (MPP) and the Performance Incentive Program (PIP) as a benefit of employment with the Agency.
- Another workforce challenge is the ability to respond to the changing social and demographic factors that affect Agency services. The expected growth in both adolescents and older adults and the increase in Hispanic and Vietnamese populations require a long-range plan for working with the local educational system, recruiting early for professions, and increasing the number of culturally competent workers attending and graduating from college.

- The Agency continues to focus on workforce training in collaboration with local colleges and universities. In addition, the Agency has a well-developed Cultural Competency program to provide assistance to staff in the effective delivery of services to all clients.

REGULATORY

Compliance with the federal Health Insurance Portability and Accountability Act (HIPAA) will be a continuing challenge for HCA and the County, financially and organizationally, for several years. These regulations impose sweeping, system-wide changes to healthcare industry standards for the storage, transmission and handling of health care information. Deadlines for compliance with HIPAA standards start in 2003 and continue through 2005, and will require modifications of policies and procedures, workforce training, upgrades to the physical environment, technological upgrades, systems changes, and perhaps organizational changes.

OVERCOMING CHALLENGES

Meeting the Agency's Net County Cost target for FY 02-03 required that a number of significant reductions and adjustments be negotiated prior to the Agency's initial budget submittal. These included \$10 million in offsets resulting from the use of Realignment reserves, the deferred build-out of certain facilities, deferred information system and equipment acquisitions, and reduced extra help and overtime in various programs.

With regard to "rebalancing" local funds in the current fiscal year and beyond, in compliance with a Countywide approach, HCA, as other agencies/departments, has undertaken the following:

- Carried out additional review of budgeted expenditures and updated projected revenues, identifying an additional half-million dollars in potential savings in the current budget year.
- Conducted a detailed review of mandates, core business and program priorities, and has commenced discussions with the Department Head Committee on Rebalancing.

On an ongoing basis, in these difficult times, the Agency also continues its practices of carefully monitoring expenditures and revenues and the deployment of resources, advocating for additional outside funding, and optimizing efficiency and effectiveness, as follows:

- Advocating for legislation and pursuing grant opportunities to increase non-County funding for existing and new programs, in coordination with the County Executive Office.
- Reviewing fees and other revenues on a regularly scheduled basis to ensure full cost recovery for Agency programs.
- Continuing to work with our many community partners, through formal and informal mechanisms, to best meet the needs of the citizens of Orange County. (Examples of ongoing HCA collaborative activities can be found in Appendix F.)
- Continuing a focus on training and development of staff, appropriate contracting for support services, optimal organizational design, and the implementation of new technologies such as the enterprise system and other management information systems, as appropriate, especially in support of revenue generation and compliance objectives (including HIPAA).

STRATEGIES TO ACCOMPLISH AGENCY GOALS

In addition to the business strategies addressing unique challenges and supporting all of the Agency's goals, the Health Care Agency's 2003 Business Plan contains specific strategies for each goal, to be implemented over the next year. The criteria for these strategies include:

- Consistency with County and Agency strategic goals and core businesses
- Anticipated new funding or service mandates, and
- Realistic assessment of the resources available for individual projects

Following are the four community goals and two business strategies for the Health Care Agency. Associated with each goal and business strategy are new or enhanced strategies that will be undertaken during 2003. Associated with each of these strategies are the performance indicators that will be monitored throughout the year to measure their success.

GOAL 1: PREVENT DISEASE AND DISABILITY, AND PROMOTE HEALTHY LIFESTYLES

1.1 Develop and implement plans for enhanced response to bioterrorism or the threat of bioterrorism.

- By December 2003, emergency communication systems for rapid detection of potential bioterrorist events, and notification of physicians of outbreaks and other medical alerts will be in place.
- Bioterrorism testing and response protocols will be established in the Public Health Laboratory by December 2003.

1.2 Implement a countywide immunization registry in collaboration with CalOptima and other community partners to enhance immunization coverage.

- Contingent on State funding, a registry incorporating baseline data from Public Health and at least one community partner will be operational by October 2003.

GOAL 2: ASSURE ACCESS TO QUALITY HEALTH CARE SERVICES

2.1 In collaboration with community partners, enhance healthcare access for children.

- By December 2003, a web-based clearinghouse for information related to health services for children and families will be established.

2.2 Enhance behavioral health crisis intervention and intensive community services to reduce unnecessary hospitalization and incarceration.

- A Crisis Assessment Team to respond to community calls for crisis intervention will be established by July 2003.
- Intensive outpatient services (Assertive Community Treatment) designed to prevent frequent re-hospitalization/incarceration will be operational by July 2003.

2.3 Develop and implement residential substance abuse and mental health treatment services designed to effectively integrate special populations into the community.

- Transitional residential care for adults leaving acute psychiatric or institute for mental disease (IMD) facilities will be in place by December 2003.

2.4 Develop and implement an in-home mental health services program for older-adult Latino and Vietnamese residents to improve access to culturally appropriate care.

- A program for older-adult Latino and Vietnamese residents not accessing traditional services will be operational by December 2003.

2.5 Develop and implement procedures for involuntary mental health treatment of inmates in correctional facilities judged a danger to self or others.

- In conjunction with the Sheriff, a housing unit to serve adults in correctional facilities that require intensive mental health intervention consistent with State standards will be identified by July 2003.
- Rehabilitation services to adults in secure settings will be enhanced by July 2003.

GOAL 3: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

3.1 Design and establish an Agency Emergency Operations Center to enhance disaster response in cooperation with the County's Emergency Operations Center.

- The AOC will be established and fully equipped and staff trained by July 2003.

3.2 Improve ocean water quality monitoring and information dissemination in support of countywide ocean water quality improvement.

- The satellite Public Health Water Quality Laboratory on Shellmaker Island will be fully staffed and operational by March 2003.
- Website posting of ocean water quality monitoring data will be implemented by December 2003.

3.3 Provide leadership in statewide efforts to reduce the incidence of suicide in correctional facilities.

- A training module on the prevention of suicide in correctional settings for correctional personnel will be developed and distributed by December 2003.

3.4 Enhance the availability of information on restaurant quality to the public.

- A cost benefit analysis for posting restaurant inspection results on the Agency website will be completed by December 2003.

GOAL 4: RECOMMEND AND IMPLEMENT HEALTH POLICY AND SERVICES BASED UPON ASSESSMENT OF COMMUNITY HEALTH NEEDS

4.1 Continue collaborative efforts that enhance the use of data in policy development.

- Appropriate health-related data will be provided for inclusion in the 2003 Community Indicators Report by February 2003, and the Ninth Annual Report on the Condition of Children by August 2003, in support of the Children and Families Commission.
- Appropriate health-related data will be provided for inclusion in the Second Annual Report on the Condition of Older Adults by March 2003, in collaboration with the Office on Aging and Social Services Agency.
- HCA will continue to collaborate with Housing and Community Development in the annual Homelessness Prevention needs assessment.

BUSINESS STRATEGY 1: ENCOURAGE EXCELLENCE BY ENSURING A HEALTHY WORK ENVIRONMENT THAT VALUES EMPLOYEES

5.1 Support and enhance organizational communication, decision-making and program outcomes.

- The approved Behavioral Health restructuring will be completed by December 2003.
- Efforts of the HCA Labor Management Committee will continue to be fully supported.
- Performance Incentive and Management Performance Plans will continue to be fully supported.

5.2 Ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

- All Agency data systems will be in compliance by December 2003.
- The Agency will be in compliance with HIPAA privacy standards by April 2003.
- Transaction and code sets will be in compliance with HIPAA standards by October 2003.

5.3 Ensure compliance with Americans with Disabilities Act (ADA).

- All Year-Three recommended ADA facility modifications will be completed by December 2003.

BUSINESS STRATEGY 2: SUPPORT THE WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGICAL AND OTHER RESOURCES

6.1 Enhance employee performance through improved access to information technology.

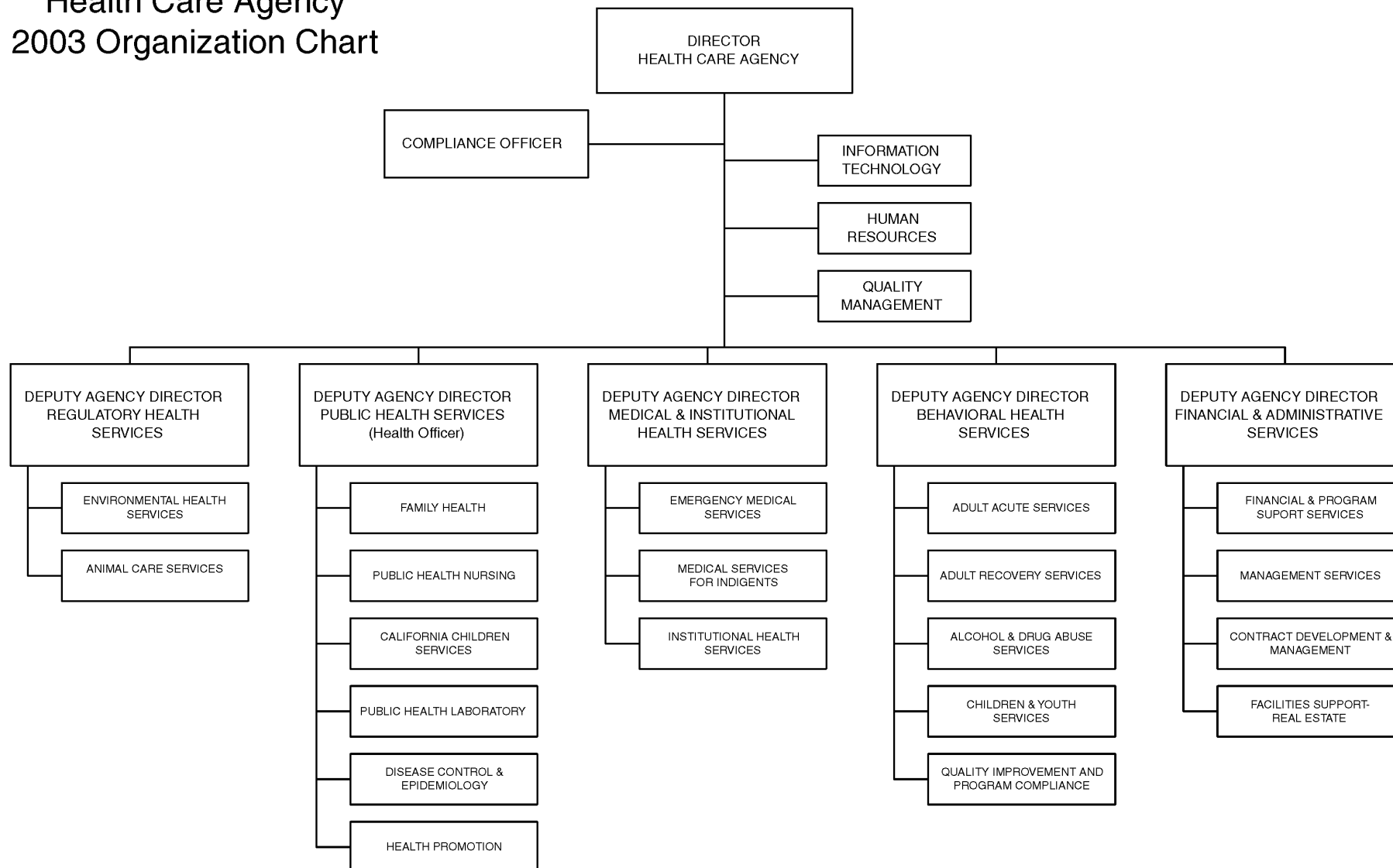
- The implementation of Phase I of the Enterprise Management Information System will be completed by September 2003.
- The implementation of the Electronic Requisitioning System will be completed by December 2003.

HEALTH CARE AGENCY

2003 BUSINESS PLAN

IV. APPENDICES

Health Care Agency 2003 Organization Chart



Health Care Agency Executive Team

Juliette A. Poulson, RN, MN

Director

David L. Riley

Chief Compliance Officer
Office of Compliance

Mike Spurgeon

Deputy Agency Director
Regulatory Health Services

Douglas C. Barton

Deputy Agency Director
Behavioral Health Services

Herb Rosenzweig

Deputy Agency Director
Medical and Institutional Health Services

Mark B. Horton, MD, MSPH

Deputy Agency Director / Health Officer
Public Health Services

Alice Manning

Interim Deputy Agency Director
Financial and Administrative Services

Ronald L. LaPorte

Chief, Office of Quality Management

Dennis Masiello

Chief, Information Technology

Susan McMillan

Manager
HCA Human Resources

Business Plan Team Office of Quality Management

Ronald L. LaPorte

Chief

Curtis Condon

Senior Research Analyst

Carole Neustadt

Public Information and Communications Manager

Mary E. Maicki

Planning Analyst

David Samarin

Computer Graphics Specialist

The content and preparation of the 2003 HCA Business Plan involved the Executive Team, Office of Quality Management, Division Managers, Program Managers, and the Labor Management Committee and its Project Development Subcommittee.

Business Plan 2002 Summary of Accomplishments

The Health Care Agency's Business Plan 2002 contained five Key Outcome Measures, four Goals, two Business Strategies, and 21 Projects with 42 Objectives. A tally and highlights are provided below.

Accomplishments:

Significant progress was made on the five Key Outcome Indicators. These were multi-year projects and, thus, were not anticipated to be fully accomplished in 2002. Of the 21 projects, 100% were completed in whole or in part.

Highlights of accomplishments associated with each of the major goals are as follows:

1. Prevent Disease and Disability, and Promote Healthy Lifestyles

This goal had 9 objectives of which 6 were completed and 3 were partially completed. Highlights of the accomplishments that further this goal include:

- Designed a rapid communication notification system for Orange County physicians for outbreaks and other medical alerts.
- Progressed in the development of a countywide immunization registry and utilization plan in collaboration with CalOptima's Pediatric Preventive Services Tracking System.
- Provided services to 80% of the 3,500 clients assessed by the Probation Department for eligibility for Proposition 36 services.
- Expanded the Domestic Violence Substance Abuse Program to additional courts.
- Decreased by 10% the number of stores in targeted communities selling tobacco to minors.
- Strengthened programs to reduce tobacco usage in 40+ private medical offices.
- Developed a campaign to reduce stigma associated with mental illness.
- Implemented a countywide health education media campaign promoting healthy lifestyles, targeting older adults.
- Developed a plan to promote fluoridation.

2. Assure Access to Quality Healthcare Services

This goal had 5 objectives of which all were completed. Highlights of the accomplishments that further this goal include:

- Development of a community-wide strategic plan to increase the number of children with health insurance and a medical home (i.e. primary health care provider).
- Identified (and implemented) potential system redesign options for the Medical Services for Indigents (MSI) program.
- Disseminated information on free or low-cost prevention services to clients who apply for MSI.
- Funded the Medical Director position for the Child Abuse Services Team (CAST) program.
- Increased transitional housing capacity for the homeless mentally ill.

2. Promote and Ensure a Healthful Environment

This goal had 8 objectives of which 6 were completed and 2 were partially completed. Highlights of the accomplishments that further this goal include:

- Completed a comprehensive HCA Biological and Chemical Terrorism Response and Disaster Plan.
- Achieved Level B National Response Network Bioterrorism capabilities for the Public Health Laboratory.
- Conducted two watershed contaminant source identification studies.
- Sited the new satellite water quality laboratory, and continued to plan for a permanent facility in Newport Beach.
- Collaborated with County Executive Office, Public Facilities and Resources Department, sanitation districts, and local cities to develop a model grease control ordinance.
- Developed the draft design and schematic drawings for the Animal Care facility.
- Increased by 10% the number of households in targeted communities prohibiting smoking in the home or car.
- Increased by 5% the number of publicly funded/private sector medical practitioners utilizing the finger-stick blood lead protocol.

4. Recommend and Implement Health Policy and Services Based upon Assessment of Community Health Needs

This goal had 7 objectives, all of which were completed. Highlights of the accomplishments that further this goal include:

- Chaired the Children and Families Commission Early Care, Education and Counseling funding panel during the 2002 funding cycle.
- Implemented and established a monitoring process for Tobacco Settlement Revenue (TSR) projects.
- Participated in presenting the findings and recommendations of the 2002 Orange County Health Needs Assessment (OCHNA) Spring report.
- In collaboration with OCHNA, produced two white papers based on data from 2002 report.
- Collaborated with the Children and Families Commission in the development of the 2001 Community Indicators Report.
- In collaboration with the Children's Service Coordination Committee (CSCC), developed the Eighth Annual Conditions of Children Report.
- In collaboration with the Community Services Agency (CSA) and Social Services Agency, (SSA) assisted in producing a Condition of Older Adults Report.

5. Create a working environment that encourages excellence

This goal had 7 objectives, of which all were accomplished. Highlights of the accomplishments that further this goal include:

- Analyzed, prioritized and began implementation of the strategies identified through the 2001 Employee Training Survey data.
- Provided HCA managers and supervisors with training needed to be effective in their roles through the Leadership Excellence and Development (LEAD) program.
- Conducted Compliance trainings for all new employees within their first 60 days of employment.
- Developed additional monitoring, tracking and performance outcome measurement systems (POMS).
- Supported the Labor Management Committee in retaining and soliciting members from a broad representation of programmatic and professional backgrounds.
- Supported LMC's involvement in resolving issues using working groups that include representatives from impacted areas, supervisors and managers.
- Facilitated the continued development and structural design of the Nurse Working Group.

6. Business Strategy 2: Support the Workforce through the Effective Use of Technological and Other Resources

This goal had 6 objectives of which 3 were completed and 3 were partially completed. Highlights of the accomplishments that further this goal include:

- Made significant progress in the implementation of the management information system, including Behavioral Health and Public Health components (three objectives).
- Completed all year-two recommended Americans with Disabilities Act modifications and initiated remaining year-three recommended modifications.
- Provided HIPAA training and education to all new and existing staff to ensure compliance.
- Completed identification of HIPAA impacted systems; evaluated new security, privacy and transaction standards; and developed a schedule for bringing systems into compliance.

Unanticipated Accomplishments: Frequently, projects develop during the calendar year that were not anticipated when the Business Plan was prepared. Major projects that provided unanticipated accomplishments for the Health Care Agency in 2002 are described below:

- In response to issues of access, care management, and cost, significant changes to the Medical Services for Indigents program were implemented through contract negotiations including the identification of receiving hospitals to serve as entry portals and the strengthening of case management practices via hospital-based physicians and County nursing staff.
- Collaborative planning for bioterrorism response with cities, hospitals and other stakeholders resulted in significant progress in anticipation of the arrival of federal funding. Relationships developed early in the process have resulted in the establishment of a County Health and Emergency Preparedness Planning Council to assist in moving toward full implementation of the County's Bioterrorism Response Plan in 2003.
- HCA is a proud partner in the Tobacco Settlement Revenue advisory group process. Results of that process to date have included: Augmentation of the public health nurse component of the Preventive Health Care for the Aging Program (PHCA) and Senior Health Outreach Prevention Program (SHOPP); initiation of a senior home visitation program by Latino Health Access for Latino communities; provision of funding for non-emergency medical transportation for seniors to the Office on Aging; and provision of additional funding to the Coalition of Community Clinics for the treatment of chronic diseases in the low income, uninsured, older adult population.

Caseload/Client Data – Profile of Service Recipients

The following table provides a brief description of client groups and caseload information for programs selected to represent the range of services provided by the Agency. The data provided are the most recent available from each program and reflect a 12-month period, either calendar or fiscal year:

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	ANNUAL COUNT
1. Animal Care Services	Residents of 20 cities and unincorporated areas	Animal licenses	141,294
2. Animal Care Center	Residents of 22 cities and unincorporated areas	Live animals impounded	29,892
3. Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	32,695
4. Behavioral Health – Older Adult	Older adults with mental illness and substance abuse problems; frail elderly at risk of out-of-home placement	Persons served in the community	4,611
5. Behavioral Health – Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community Persons served in County institutions (Orangewood, juvenile justice facilities)	11,140 6,118
6. California Children Services	Children with disabling or potentially disabling conditions	Case Management Services Physical Therapy Units of Service Occupational Therapy Units of Service	12,055 196,000 191,000
7. Maternal, Child and Adolescent Health	Low income children Children and Adults Low income pregnant women Low income pregnant or parenting teenagers and siblings Low income women and their parents	Child health clinic visits Child linkages to Child Health and Disability Prevention program community providers Vaccines given - in clinic - in community program Prenatal care referrals Case Management Contraception education and methods for women and partners	20,882 201,200 70,371 90,000 100,121 1,264 1,139 12,171
8. Epidemiology and Assessment	All County residents	Communicable disease reports	13,089
9. Emergency Medical Services	All County residents and visitors Emergency Medical Technicians-I, Paramedics Ambulance companies and fire Depts. EMT-I and Paramedic Training Programs Trauma Centers	Total 9-1-1 EMS responses Paramedic transports to designated ER Trauma patients served by trauma center Certification/ re-certification of EMT-I's County licensure of EMT-I's Local accreditation of paramedics Inspection and licensure of public and private ambulance vehicles Review and approval of EMT-I and Paramedic training programs Designation of Trauma Centers serving Orange Co.	151,063 46,215 3,238 456 1,257 21 268 8 3
10. Dental Health Institutional Health	Low Income Residents Low Income Children Persons with HIV or AIDS without resources Juveniles in Institutions	Emergency Dental Care Dental Treatment and Prevention Services Dental Treatment and Prevention Services Dental Treatment and Prevention Services	3,913 1,424 1,910 4,994

APPENDIX D

PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	ANNUAL COUNT
11. Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	16,600
12. Environmental Health	All County Residents	Retail food facilities inspections	29,530
13. Environmental Health	All County residents	Hazardous waste inspections	5,576
14. Health Promotion	All County residents	Public Education Target Group Education Patient Education Staff Education Training/Technical Assistance Policies Instituted	630,361 62,671 3,539 30,960 2,387 134
15. HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	13,629
16. HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	9,717
17. Institutional Health	Incarcerated adults	Medical screening assessments Sick-call visits (medical/dental) Behavioral Health Assessments	61,642 133,036 9,393
18. Institutional Health	Detained juveniles	Comprehensive intake assessments	9,146
19. Medical Services for Indigents	Low income adults	Hospital inpatient days Hospital emergency department visits Unduplicated number of patients Patient encounters	22,366 12,266 17,532 185,550
20. Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers: Women Infants and Children	131,816 426,737
21. Public Health Community Nursing	Infants, families or individuals, primarily low income, at high risk of health problems, pregnant and parenting teens High risk older adults with unmet healthcare needs - Preventive Health Care for Aging Senior citizens 55 years and older.	Home visits for assessment, counseling / teaching, case management Health assessment, education, case management, referral, health fairs, special screenings, immunization clinics, and community education classes.	32,753 14,300
22. Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women Children and Youth in Foster Care/out-of-home placement	Home visiting Case Management Nursing Consultation and Case Management Services	2,156 23,092
23. STD Clinic	Persons, primarily low income, with sexually transmitted diseases.	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS.	23,589
24. Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	42,073
25. Home Visits for TB Direct Observed Therapy	Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	52,000
26. Tuberculosis (TB) Control	Persons with active TB disease	Clinic visits for treatment of active TB disease	11,159

DEMOGRAPHIC CHANGES AFFECTING HEALTH CARE

Orange County is likely to continue to grow and become more ethnically and racially diverse over the next decade, with the fastest growing population groups expected to be teens (up 46%) and older adults (up 37%); in fact, the category “older adults” includes the two fastest growing segments of our population, persons 55-64 (up 75%), and 85 and above (increasing 62%). The Hispanic teen population is expected to almost double by the end of the decade, followed by Asian/Pacific Islander teens at 53%. For adults age 60 and older, the greatest increases are projected to be among American Indians, African Americans, and Asian/Pacific Islanders (all up nearly 90%), followed by Hispanics (up 65%) and non-Hispanic Whites (up 25%). The anticipated increases in these two age groups will result in increased numbers of at-risk individuals requiring prevention services, and individuals requiring medical and behavioral health intervention and treatment services.

According to March 2002 figures, the unemployment rate for Orange County was 3.7%, up from 2.5% in 2001. While up from a year ago, Orange County’s rate has consistently been below the state and national averages. Of greater concern is that the number and percentage of families living in poverty is increasing, and that in fact – as noted in the recently published *Eighth Annual Report on the Conditions of Children* – the percentage of children living in poverty in Orange County, at 16.7%, exceeds the national rate of 10.6%. Negative impacts on health are, of course, one of many consequences of living in poverty, particularly for children and youth.

HCA Labor Management Committee (LMC)

2002 Co-Leaders: Denise Fennessy and Patti Henshaw

2003 Co-Leaders: Christine Ford and Linda Moore

Sponsors: Susan McMillan (HCA), Maria DeLaTorre and Elizabeth Hernandez (OCEA)

Facilitators: Becky Robinson (HCA) and Maria DeLaTorre (OCEA)

Bausman, Elizabeth

Harwood, Jon

Berg, Pam

Hassanpour, Fedra

Bieker, Caroline

Havlik, Barry

Boon, Lee

Henshaw, Patti

Brennan, John

Hersch, Jim

Chinchilla, Renee

Hodel, Karen

Coleman, Wade

Miller, Scott

Crick, Carolyn

Moore, Linda

Croteau, Juanita (Vickie)

Mortensen, Vickie

Fattaleh, Saba

Murphy, Martha

Fennessy, Denise

Neustadt, Carole

Ford, Christine

Phomvongsa, Trinh

Govett, Gary

HCA 2002 Labor Management Committee (LMC) Accomplishments

The Health Care Agency's Labor Management Committee (LMC) was established in February of 1999 as a cooperative partnership with the Orange County Employee's Association (OCEA), as a mechanism for addressing and resolving workplace issues. The Committee's goals are to:

1. Create a working environment that encourages active engagement in achieving organizational goals and contribute to community, client and employee satisfaction.
2. Provide a forum to improve communication between all HCA employees (employees, supervisors and managers).
3. Facilitate resolution of workplace issues in order to improve employee satisfaction while providing quality health care services and regulatory oversight.
4. Provide a forum for employees to propose workplace process improvements intended to improve service delivery or improve effectiveness and/or efficiency.

Described below are the accomplishments of the HCA/LMC as of 2002:

- The LMC Workplace Issues Sub-Committee has received 52 workplace issue requests to date. Five issues remain open. The remaining 47 issues have been resolved or referred to the appropriate alternate authority for processing.
- The LMC Communications Sub-Committee routinely publishes informational articles in the Agency's newsletter, which reaches all HCA employees. Minutes of the LMC meetings are routed to all Building managers for posting in common areas.
- An internal LMC Website has been developed to provide on-line information to all HCA employees who have access to a computer.
- The LMC Membership Sub-Committee has developed a membership drive PowerPoint presentation that has been used successfully to solicit new members to the committee.
- The new LMC Project Development Sub-Committee is developing a LMC Team Excellence Award for rollout in 2003.
- All LMC members will be provided an opportunity to review and comment on the Business Plan prior to finalizing the document.

HEALTH CARE AGENCY COLLABORATIVES

The Health Care Agency operates in an increasingly collaborative environment – nearly every major project included in the 2003 Operational Plan involves entities outside the Agency, including consumers. Collaboration is fostered both by program requirements and the desire to provide a coordinated continuum of services for clients. Coordinated services can reduce duplication, improve efficiency, and produce better outcomes for consumers. Examples of the types of collaborative efforts in which the Health Care Agency will be engaged in 2003 include:

- Continued efforts with the Sheriff-Coroner, OC Fire Authority, County Executive Office (CEO), and District Attorney to plan for and respond to any natural or other disaster or terrorist event.
- Collaborating with the County Executive Office (CEO), Probation, District Attorney, Public Defender, the Social Services Agency (SSA), and the Courts to implement Proposition 36 and provide a broader continuum of drug treatment and supervision services as an alternative to incarceration.
- Continued efforts with the Sheriff, Courts, Probation, and others to develop alternatives to incarceration for drug abusers and the mentally ill, and to expand treatment alternatives for juveniles on probation.
- Partnering with SSA, Probation, Regional Center, Orange County Department of Education, and others to develop a comprehensive continuum of services for children with mental illness and children who have been, or are at risk of, being placed outside the home.
- Working with SSA, the CEO, the Community Services Agency (CSA), and other public and private organizations to develop and coordinate services to older adults with mental health and substance abuse issues, and to frail elderly at risk of out-of-home placement.
- Joining with CSA, SSA, the Probation Department and other public and private organizations to identify strategic priorities for improving/expanding services for older adults and for assessing domestic-violence related services in Orange County.
- Participating with the Public Facilities and Resources Department, the Regional Water Quality Control Board, and other public/private organizations to address watershed and urban runoff concerns and improve ocean water quality.
- Serving as the lead collaborative partner in developing a strategic plan and implementing strategies for increasing access to healthcare for children.
- Serving as a collaborative partner with the Sheriff, Probation, SSA, and community-based organizations on the Community Revitalization program to provide direct services to four targeted County Islands: El Modena, La Colonia Independencia, Midway City, and Southwest Anaheim.
- Serving as a collaborative partner with Housing and Community Development, Homeless Prevention and Related Programs Division to identify gaps and to develop programs to meet needs in the County's Continuum of Care System for the homeless.

The Health Care Agency also plays a key role in countywide and regional health planning efforts. Examples include:

- In collaboration with community partners, developing and implementing a plan for County Tobacco Settlement Revenue (TSR).
- Serving on the Children and Families Commission (Proposition 10), and its Technical Advisory and Evaluation Committees. The Commission sets priorities and funds programs to address the needs of Orange County children from birth to age five.
- Serving on the Orange County Health Needs Assessment Steering Committee and Community Partnership, which sponsors the triennial countywide health needs survey and identifies issues and problems based thereon.
- Continuing participation in the joint powers authority consisting of Orange, Riverside, Los Angeles, San Bernardino, and San Diego counties to plan and build an 18-bed secure detention facility for seriously emotionally disturbed juvenile offenders, and seek operating funds for it.
- Serving as a board member on the County's organized health system (CalOptima), which provides health services to more than 240,000 Medi-Cal and 20,000 Healthy Families beneficiaries
- Serving as a collaborative partner with municipalities, law enforcement, the courts, families and consumers, and the treatment community in the newly formed Orange County Coalition for Comprehensive Mental Health Services.